



**Carrick Institute 2010 Cranium Rock - Punta Cana, Dominican Republic**

**1) Please list the TOTAL number of people in your party**

\_\_\_ Adults , \_\_\_ Infants (0-4 years of age), \_\_\_ Children (5 – 17 years of age),

**2) Select your Room Option:**

\_\_\_ Caribbean Suite, \_\_\_ Family Caribbean Suite

Room	Single Rate	Double Rate	Triple Rate	Quad Rate
<b>Caribbean Suite</b> Maximum of 4 guests per room	\$336	\$188 Per Person, Per Day	\$177 Per Person, Per Day	\$170 Per Person, Per Day
<b>Family Caribbean Suite</b> Maximum of 6 guests. Must be adults & children to book this option	468	\$251 Per Person, Per Day	\$239 Per Person, Per Day	\$232 Per Person, Per Day

Children ages 5 – 17 when sharing a room with parents are \$57 per day (Gratuities included)

**3) Please Print Clearly Names & BirthDates of ALL Guests**

First: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

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First: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Office: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Debit Card \_\_\_ Credit Card \_\_\_ Number: \_\_\_\_\_ EXP: \_\_\_\_\_

CCV Code : \_\_\_\_\_ Name as it appears on Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ *Please note that by completing this registration, you are doing so in the understanding that all deposits / payments are final & nonrefundable.*